PRINTED: 11/12/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3577HIC 10/26/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5713 EUGENE AVE** KARENS CAREGIVER HOME LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 000 H 000 **Initial Comments** Surveyor: 28264 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 10/26/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29. 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two. Two resident files were reviewed and two employee files were reviewed. Complaint #NV00023440 was substantiated. See Tag H019 H 017 H 017 Director Duties-Protective Supervision NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by:

(3) Protective supervision and adequate services to maintain and enhance their physical, mental

(b) Receive:

Surveyor: 28264

and emotional well-being.

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caregiver was on the premises at all times

Based on a police report received on 9/22/09, a 911 call concerning the facility was received at 1:23 PM on 9/21/09. The police responded to an alleged assault with a knife reported by Resident

residents were in the home.

Findings include:

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NAC 449.15527 Agreement between operator of

2. Maintain a separate, organized file for each

home and resident concerning rates; maintenance of records of residents. (NRS

The operator of a home shall:

449.249)

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home. Each file must include:

449.15523.

(d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS3577HIC

STREET ADDRESS, CITY, STATE, ZIP CODE

KARENS CAREGIVER HOME

FORM APPROVED

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

5713 EUGENE AVE
LAS VEGAS, NV 89108

KARENS CAREGIVER HOME		5713 EUGENE AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 045	Continued From page 4	H 045		
	This Regulation is not met as evidenced by: Surveyor: 28264 Based on record review on 10/26/09, the facilifailed to ensure there was a copy of a needs assessment completed by a physician in the f for 1 of 2 residents (Resident #1).			
H 050	Tuberculosis-Employees	H 050		
	NAC 441A.375 Medical facilities, facilities for dependent and homes for individual residentia care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of Centers for Disease Control and Prevention and adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent a home for individual residential care shall maintain surveillance of employees of the faction home for tuberculosis and tuberculosis infection. The surveillance of employees must conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities provided health care set forth in the guidelines of the Centers for Disease Control and Prevention and preven	ase f the s nt or lity be ling s red nt or ve		

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6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines

Prevention as adopted by reference in paragraph

of the Centers for Disease Control and

(g) of subsection 1 of NAC 441A.200.

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1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate

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tuberculosis screening test. After a person has had an initial tuberculosis screening test, the

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care provider determines that the person does

5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home

not have active tuberculosis.

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